



# VOPA

## Virginia Office for Protection and Advocacy

### ADVISORY COUNCIL APPLICATION

The Virginia Office for Protection and Advocacy (VOPA) sponsors two Advisory Councils; Protection and Advocacy for Individuals with Mental Illness (PAIMI) and the Disabilities Advisory Council (DAC). Council memberships must reflect the diversity of Virginia's many cultures and disability communities as well as geographic regions. These Councils provide input to VOPA about problems faced by persons with disabilities and suggest areas in which VOPA might focus its work. Council members are reimbursed for their travel, meal, and hotel expenses according to State policies and procedures.

\_\_\_\_\_  
**LAST NAME** **FIRST NAME** **MIDDLE NAME**

\_\_\_\_\_  
**STREET** **Apt.**

\_\_\_\_\_  
**CITY** **STATE** **ZIP CODE**

\_\_\_\_\_  
**DAY TIME TELEPHONE** **EVENING TELEPHONE**

**E-MAIL ADDRESS:** \_\_\_\_\_

#### GENERAL INFORMATION

List groups/organizations that you are a member of and identify your role or accomplishments in the group(s).

What opportunities have you had to help improve disability-related services?

Why do you want to serve on a VOPA Advisory Council?

If you have other skills, talents, experience or education you feel would help the Councils in its activities, please share that here.

Which Council would you like to serve on? Please check all that apply.

☐ **PAIMI**

**I am:**

- ☐ Individual who has received or is receiving mental health services
- ☐ Family member of an individual who has received or is receiving mental health services
- ☐ Current primary caregiver of a minor child receiving or who received mental health services
- ☐ Attorney
- ☐ Mental Health Professional
- ☐ Mental Health Provider
- ☐ Individual knowledgeable about mental illness

☐ **Disabilities Advisory Council (DAC)**

**I am:**

- ☐ Individual with a physical disability
- ☐ Individual with a sensory disability
- ☐ Individual who is eligible for, is receiving , or has received disability-related services
- ☐ Parent, family member, guardian, advocate, or authorized representative of an individual who is eligible for disability- related services

Currently, the Council meets four times a year at various statewide locations. Council members are also sometimes asked to serve on Committees appointed by the VOPA Governing Board.

Will you be able to commit to attending the meetings?

Applicant: \_\_\_\_\_  
Signature Date

**Return Questionnaire to: Policy Director, VOPA, 1910 Byrd Avenue, Suite 5, Richmond, VA 23230. Telephone: 1-800-552-3962 (Voice/TTY) (Toll free in Virginia) or 804-225-2042, Fax: 804-662-7057, or E-Mail: [general.vopa@vopa.virginia.gov](mailto:general.vopa@vopa.virginia.gov).**